2009 CIT-1
NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN

Taxpayer's name

Mailing address

City, state and ZIP code

- ☐ Original Return
- ☐ Amended - RAR
- ☐ Amended - Capital Loss
- ☐ Amended - Other

FOR DEPARTMENT USE ONLY

Federal Employer Identification No. (Required)

New Mexico CRS Identification No.

New Mexico Public Regulation Commission No.

Tax Year Beginning | **0 9** | m m / y y

Tax Year Ending | m m / y y

Extended Due Date | m m / d d / c c y y

Taxpayer telephone number

COMPLETE THE FOLLOWING:

A. State of incorporation _____ Date of incorporation _____

B. Date business began in New Mexico _____ / _____ / _____ State of commercial domicile _____

C. Name and address of registered agent in New Mexico _____

_____
mailing address   city   state   ZIP code

D. **NAICS code (Required)** _____ Principal business activity in New Mexico _____

E. Method used to determine New Mexico taxable income of the corporation:

☐ separate corporate entity   ☐ combination of unitary domestic corporations   ☐ federal consolidated group

F. Indicate method of accounting: ☐ cash   ☐ accrual   ☐ other (specify) _____

G. If this is the corporation's final return, was the corporation:

☐ dissolved   ☐ merged or reorganized   ☐ withdrawn   date _____

H. Has this corporation's federal income tax liability changed for any year due to an IRS audit or the filing of an amended federal return that has not been reported to New Mexico?   ☐ YES   ☐ NO   If yes, submit an amended New Mexico Corporate Income and Franchise Tax return and a copy of the amended federal return or the Revenue Agent's Report, if applicable, to the New Mexico Taxation and Revenue Department.

I. If this return is a consolidated or combined return, complete the following information for each corporation in the consolidated or combined group. The total of Column 3 must equal line 19 of CIT-1, page 2, and the total of Column 4 must equal line 15 of CIT-1, page 2. If additional space is required, attach a schedule in the same format.

(1) Corporate Name	(2) Federal Employer Identification Number	(3) Amount of quarterly, tentative or other payments to be applied to this return	(4) Enter $50 for each corporation paying Franchise Tax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. FOR COMBINED FILERS ONLY:
Is this combination the same as filed last year?   ☐ YES   ☐ NO   If no, please list each corporation added to or eliminated from the combined group. Include each corporation's Federal Employer Identification Number. Attach a schedule if more space is needed.

_____

K. If other than a corporation, enter your legal entity type (for example: LLC or partnership): _____

L. Check this box if federal Form(s) 8886, Reportable Transaction Disclosure Statement, is required to be attached.   ☐

REFUND EXPRESS!! HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3 AND 4.

1. Routing number: | | | | | | | | | |

2. Account number: | | | | | | | | | | | | | | | |

3. Type: Checking ☐   Savings ☐
          Enter "X"   Enter "X"

4. **REQUIRED**: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

YES ☐   NO ☐   **You must answer this question.**

Federal Employer Identification Number (FEIN)

1. Taxable income before federal NOL & special deductions (From federal Form 1120)	**1**		00
2. Interest income from municipal bonds (Exclude New Mexico bonds)	**2**		00
3. Federal special deductions (From federal Form 1120)	**3**		00
4. New Mexico base income (Add lines 1 and 2 and subtract line 3)	**4**		00
5. New Mexico NOL carryover (Attach schedule)	**5**		00
6. Interest from U.S. government obligations or federally taxed New Mexico bonds	**6**		00
7. Subtotal (Subtract the sum of lines 5 and 6 from line 4)	**7**		00
8. Deduction for foreign dividends (CIT-D, line 5)	**8**		00
9. New Mexico net taxable income (Subtract line 8 from line 7)	**9**		00
10. Income tax computation - tax on the amount on line 9 (See tax table on page 4 of instructions)	**10**		00
11. New Mexico percentage (Enter 100% **OR** percentage from line 5 of CIT-C.)	**11**		%
12. New Mexico income tax - MULTIPLY line 10 by the percentage on line 11	**12**		00
13. Total non-refundable credits (CIT-CR, line 16)	**13**		00
14. Net income tax (Subtract line 13 from line 12; if negative, enter zero)	**14**		00
15. Franchise tax ($50 per corporation)	**15**		00
16. Total income and franchise tax (Add lines 14 and 15)	**16**		00
17. **Amended Returns Only**: (Enter amount of all 2009 refunds received or overpayments applied to 2010. See instructions for line 19.)	**17**		00
18. Subtotal (Add lines 16 and 17)	**18**		00
19. Total Payments: ☐ quarterly ☐ extension ☐ applied from prior year	**19**		00
Mark this box if using method 4 to calculate penalty and interest on underpayment of estimated tax; **Attach RPD-41287** ☐			
20. New Mexico income tax withheld (Attach all annual statements of withholding)	**20**		00
21. New Mexico income tax withheld from oil and gas proceeds (Attach Forms 1099, RPD-41285 or FID-WT)	**21**		00
22. Approved film production tax credit claimed (Attach RPD-41228)	**22**		00
23. Approved renewable energy production tax credit claimed (Attach RPD-41227)	**23**		00
24. Total payments, tax withheld and credits (Add lines 19 through 23)	**24**		00
25. Overpayment: (If line 24 is greater than line 18, enter the difference. This is your refund.)	**25**		00
25A. Amount of overpayment to be applied to 2010 liability (Not more than line 25)	**25A**		00
25B. Amount of overpayment to be refunded (Subtract line 25A from line 25)	**25B**		00
26. Tax due: (If line 18 is greater than line 24, subtract line 24 from line 18)	**26**		00
27. Penalty (See CIT-1 Instructions)	**27**		00
28. Interest (See CIT-1 Instructions)	**28**		00
29. Total amount due (Add lines 26, 27 and 28)	**29**		00

Taxpayer's signature

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

_____
Signature of officer   Date

_____
Contact phone number   Title

Paid preparer's use only:

_____
Signature of preparer if other than employee of the taxpayer   Date

NM CRS Identification number_____

FEIN_____

SSN or PTIN_____

Preparer's phone number _____